



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	141.4 million (mid-2007)
Estimated Population Living with HIV/AIDS**	940,000 [560,000-1,600,000] (end 2005)
Adult HIV Prevalence**	1.1% [0.7-1.8%] (end 2005)
HIV Prevalence in Most-At-Risk Populations	IDUs: 4.9% (National) (2007)** and 47.1% (St. Petersburg) (2006)** MSM: <1% (2007)** Sex Workers: 15.6% (National) (2007)** and 33% (St. Petersburg) (2005)****
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	11% [7-18%] (end 2006)

*U.S. Census Bureau **UNAIDS 2007 ***EuroHIV **** WHO/UNAIDS/UNICEF Towards Universal Access, April 2007 *****WHO/UNAIDS/UNICEF Epidemiological Fact Sheet Update 2006

Russia has the largest AIDS epidemic in Eastern Europe and Eurasia, accounting for approximately 66 percent of the region's newly reported HIV cases in 2006. According to UNAIDS, the 2005 national HIV prevalence estimate was 1.1 percent, and an estimated 940,000 people in Russia were living with HIV (although the officially diagnosed caseload is considerably lower). Russia's HIV prevalence was very low until 1996, when 1,515 new cases were suddenly reported. While its pace has slowed since the late 1990s, the country's HIV epidemic continues to grow. According to UNAIDS, a decline in new cases occurred between 2001 and 2003, but new cases are now increasing again, with 39,000 new HIV diagnoses officially recorded in 2006, bringing the total number of HIV cases diagnosed and registered with health officials to 370,000, according to EuroHIV. Officially documented HIV cases only represent people who have been in direct contact with Russia's HIV reporting system.

Injecting drug use persists as the main means of HIV transmission in Russia, accounting for 66 percent of the cases in 2006 in which the means of transmission was known. UNAIDS estimates that 80 percent of Russians currently living with HIV became infected through the use of contaminated needles and syringes. While recent UNAIDS data suggest a national HIV prevalence rate of 4.9 percent among injecting drug users (IDUs), the rates vary dramatically by location; for example, a prevalence rate of 47.1 percent was found in St. Petersburg, according to EuroHIV. UNAIDS estimates that between 1.5 and 8 percent of Russian men under 30 years of age have injected drugs at some point in their lives.

Nearly one-third of newly registered HIV cases in 2006 were attributed to heterosexual transmission; this figure has increased steadily since the late 1990s, particularly in areas with mature epidemics. In these areas, HIV is spreading from IDUs to their sexual partners, with women increasingly becoming infected. In 2005, approximately one-third more women were reported living with HIV/AIDS than in 2003, and by 2006, women accounted for 44 percent of all new HIV diagnoses, according to UNAIDS. EuroHIV estimates that unsafe sex between men contributed to less than 1 percent of new HIV cases. National prevalence estimates in 2007 for sex workers were 15.6 percent, with rates varying again by location. A study in St. Petersburg found a 33 percent HIV prevalence rate among sex workers under 19 years of age.

Stigma directed at people living with HIV/AIDS (PLWHA), IDUs, men who have sex with men (MSM), sex workers, and prisoners makes it difficult to target those at-risk populations for HIV/AIDS services, and it also leads to underreporting of cases since people are less likely to seek counseling and testing services. Long-standing social problems such as alcoholism and drug abuse also contribute to impaired decisionmaking, risky sexual behavior, and the spread of HIV/AIDS.

At 107 tuberculosis (TB) cases per 100,000 population in 2006, Russia has a high rate of estimated TB incidence, according to the World Health Organization (WHO). HIV-TB co-infection is also substantial, with an HIV prevalence of 3.8 percent among TB cases. High rates of co-infection complicate treatment and care for both diseases.



National Response

The Government of Russia has made a number of commitments to address the HIV/AIDS epidemic. In 2006, a governmental commission on AIDS was established consisting of representatives from 11 federal ministries and services, parliamentarians, and civil society representatives. The commission is tasked with coordinating federal and regional authorities in HIV/AIDS policy implementation; organizing multisectoral participation in scaling up HIV/AIDS programs; and reviewing HIV/AIDS-related legislation and regulations. A federal AIDS program for 2007–2011 has been developed, and

federal funding for the response has increased more than twentyfold since 2005. However, the program focuses primarily on treatment of AIDS rather than prevention, care, and support.

Russia also has a widely implemented prevention of mother-to-child transmission of HIV (PMTCT) program. WHO, UNAIDS, and UNICEF estimate that as of December 2005, 84 percent (more than 5,700) of HIV-positive pregnant women received PMTCT services. According to the U.S. Centers for Disease Control and Prevention (CDC), however, many women in the most-at-risk populations have little or no utilization of antenatal care services, hence limiting the program's potential effectiveness.

As of 2006, 11 percent of Russians infected with HIV and needing antiretroviral therapy (ART) were receiving ART services. IDUs in particular continue to have poor and inequitable access to ART; Russia has the highest number of reported HIV cases in the Europe and Eurasia region related to injecting drug use (nearly 90 percent), yet WHO, UNAIDS, and UNICEF believe that fewer than 10 percent of patients currently receiving ART are IDUs.

To address the serious IDU challenge, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved in 2006 a \$4.4 million (Phase I) fifth-round grant to the Russian Harm Reduction Network to scale up access to HIV prevention and treatment by strengthening HIV services for IDUs. Previous grants included a round three grant to support the Open Health Institute and a round four grant to support the Russian Health Care Foundation. The most recent grant specifically aims to increase the coverage of existing HIV services, establish new services for IDUs, and increase the capacity of these services to provide counseling, information, and support for treatment adherence to IDUs living with HIV/AIDS and/or TB. The U.S. Government (USG) provides one-third of the Global Fund's total contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Russia in fiscal year 2008 received \$9.68 million for essential HIV/AIDS programs and services. USAID programs in Russia are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID's initial HIV/AIDS activities in Russia focused on HIV prevention among high-risk groups during 1998–2000. In fiscal year 2008, USG programs continued to support HIV/AIDS awareness, prevention, research, access to treatment, and technical guidance for Global Fund AIDS programs. These programs are creating models to provide assistance in measuring the evolving and growing HIV epidemic and increase local and national government capacity to respond to the epidemic in an organized and sustainable way.

With U.S. partner Population Services International, USAID has launched PreventAIDS to strengthen both the governmental and nongovernmental sectors to improve prevention services, increase awareness, and build capacity to reach vulnerable populations. Since its inception in 2005, PreventAIDS' prevention interventions have reached 17,500 sex workers and IDUs and 12,000 other at-risk individuals. With Russian partner Transatlantic Partners Against AIDS, USAID has also worked to mobilize high-level official, business, and mass media partners in addressing the epidemic through policy research, information, analysis,

and workplace initiatives. Other USAID successes include a partnership with the American International Health Alliance, which is working to strengthen the HIV/AIDS treatment and care service delivery system, and has provided training in basic HIV skills and knowledge to more than 1,100 health care workers, teachers, and social workers.

Through the Healthy Russia 2020 Project, Russian governmental and nongovernmental organizations, with PEPFAR support, are evaluating the cost-effectiveness and resource distribution of various HIV/AIDS interventions and have increased prevention spending efforts as a result. In terms of improving the quality and scope of health care and related social services to PLWHA, Russia is pairing new Russian HIV/AIDS case managers with experienced case managers from Minnesota and New York. Through this "twinning" process, Russia is increasing its capacity to provide comprehensive care and support services to HIV-positive clients. From 2002 to 2006, USAID provided \$1.6 million in assistance to children and families affected by HIV/AIDS through the Assistance to Russian Orphans Project.

Important Links and Contacts

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USAID HIV/AIDS Web site for Russia:

http://www.usaid.gov/our_work/global_health/aids/Countries/eande/russia.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/

September 2008